

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES



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QUALITY ASSURANCE DIVISION LICENSING BUREAU PROVIDER INFORMATION NOTICE – #031108

HOSPICE PROGRAM SERVICES PROVIDED IN ASSISTED LIVING FACILITIES.

The State Licensure Bureau has received a number of different inquiries regarding hospice program services delivered in Assisted Living Facilities, such as:

- What resident services can the facility provide in the absence of the hospice staff without violating Administrative Rules?
- Does a hospice patient automatically become a category “B” resident?
- Can the Category “A” facility, the resident has lived in for sometime, continue to serve the resident?
- Does a category “A” facility have to give a relocation notice to the resident to move to another level of care?

The Licensure Bureau has provided the following discussion and offers several resolutions to offer guidance to Assisted Living facilities, Hospice Programs, and consumers of hospice services regarding these issues. While the Bureau consulted with the department’s office of legal affairs and the Board of Nursing (BON), this document is not to be considered a legal opinion issued by the Department or the Board of Nursing.

Definitions:

"Family" means individuals who are closely linked with the hospice patient, including the immediate family, the primary care giver, and individuals with significant personal ties.

"Hospice care" means palliative and supportive care to meet the needs of a terminally ill patient and the patient's family arising out of physical, psychological, spiritual, social, and economic stresses experienced during the final stages of illness and dying, and that includes a formal bereavement component.

“Hospice program” means a coordinated program of home and inpatient health care that provides or coordinates palliative and supportive care to meet the needs of a terminally ill patient and the patient's family arising out of physical, psychological, spiritual, social, and economic stresses experienced during the final stages of illness and dying and that includes formal bereavement programs as an essential component.

"Hospice staff" means paid or unpaid persons, including volunteers, who are directly supervised by the hospice program.

Back Ground:

There are essentially two levels of Hospice services available in the State of Montana: One involves freestanding in-patient hospice services and may also be found or provided in a hospital. The inpatient programs are not relevant to this discussion.

The other type of hospice program is an intermittent service provided to the patient in his/her home, or place of residence; in this case a Category A assisted living facility. This type of hospice service may utilize volunteers, "family member(s)" or "person(s) with significant personal ties" to assist or augment the provision of hospice care, in the absence of hospice program staff. A "Hospice Program" providing services to residents of "assisted living facilities" is the subject of the discussion in this memorandum.

Discussion:

Can the Category "A" facility where the resident has lived continue to serve the resident once Hospice has been ordered?

Yes. Independent third party skilled services can be provided by the family, if permitted by the assisted living facility resident agreement. This third party arrangement is independent of the facility, but does not absolve the facility from all patient responsibilities. The varying responsibilities and the development of a treatment plan should be clearly communicated between the Hospice provider and the ALF administrator and staff. Clearly written orders for treatment, progress notes, medications, shall be developed, based on patient needs, and become part of the facility's patient file.

What resident services can the facility provide in the absence of the hospice staff without violating Administrative Rules?

Facility Unlicensed Assistive Personnel (UAP) staff can, and do, provide assistance with the activities of daily living, and may provide personal care, custodial or supportive care. None of these duties are outside the normal services provided by Category A facility UAP staff, and are those also defined in 24.159.1604, ARM, Tasks Which May Be Routinely Assigned to an Unlicensed Person in Any Setting When a Nurse-Patient Relationship Exists.

The conflict begins to arise when a Hospice program expects, or requires assisted living staff to function as a patient's family member would in the absence of the required nurse supervision; ALF staff are not family members and can only assist as a UAP. The exception to this is, if, in the absence of a "family" member, an individual employee of the ALF is designated by Hospice as the primary care giver. This individual may, with the appropriate Hospice training, fulfill the nurse-designated functions of a "family" member otherwise prohibited to UAPs.

It should also be noted, for hospice purposes only, that a facility's UAPs are considered a part of the multi disciplinary health care team. In these circumstances, a hospice nurse could supervise the UAPs in the facility because they would be considered as part of the health team.

A hospice patient's family member, following written instructions from the hospice team, can administer a PRN pain medication. A family member does not need a nursing license if they are

following the written patient treatment criteria. Such treatment criteria may include administration of a scheduled medication.

In order for a facility staff to administer a PRN in the same way, staff must be licensed as a nurse or properly supervised by a nurse. However, when the ALF only has UAPs on shift, they may call the hospice nurse, who may by phone assess the current patient status and authorize the administration of a PRN medication within the limitations of the care plan and nursing scope of practice.

If the Category A ALF employs or has a consulting nurse(s) readily available to provide nursing services, this nurse may work in conjunction with the Hospice nurse to provide services for the patient.

Does a hospice patient in a Category A assisted living facility automatically become a category “B” resident? No.

The Licensure Bureau provides no limitation on the provision of Hospice services. An ALF Category A facility may retain a hospice patient without jeopardizing their license or being required to seek a Category B endorsement as long as the resident’s hospice needs can be met by family, persons w/ significant personal ties, or third party nursing service. ALF UAP staff can only provide services as UAPs in the context of the discussion under family and as permitted by the Board of Nursing.

Does a category “A” facility have to give a relocation notice to the resident who is receiving Hospice services to move to another level of care?

If the patient does not receive the services required by their treatment or health care plan because proper support is not (or the facility is unable to provide) provided to the patient; then a facility may have no other choice but to issue a relocation notice to the patient.

All participants in the care of the patient must be guided by a current written healthcare treatment plan that is current and up-dated on any change of patient condition. The treatment plan is developed and kept up to date by a multi-disciplinary team, which includes family members. There may be a time that the facility--recognizing the decline of the resident, or in the absence of adequate third party nursing services—is no longer able to provide for the needs of the resident even with additional services. In such circumstance a notice to move the resident to a more suitable level of care should be given.

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